

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002404

AMENDED

Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 24

STATE FILE NUMBER

1. **FILLED FEB 13 1962**a. COUNTY **Jefferson**2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
e. STATE **Missouri** COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Rural - Meramec**Length of stay in 1b
1 1/2 yr.c. CITY
OR TOWN **St. Louis**Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **St. Joseph's Hill Inf.**Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location) **4121 Holly Hills**Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Herman**John****Sexauer**4. DATE
OF DEATH

Month

Day

Year

Feb.**6.****1962**5. SEX
Male6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
12/8/809. AGE (last birthday)
81IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
retired) Electrician10b. KIND OF BUSINESS OR INDUSTRY
Anheuser-Busch11. BIRTHPLACE (City and state or country)
Germany12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Frederick Sexauer

13b. MOTHER'S MAIDEN NAME

Marie Sturm

14. NAME OF HUSBAND OR WIFE

Marie Elizabeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Erna M. Tiemann-4121 Holly Hills18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

**Cardiac Decompensation.
Arteriosclerosis generalized with
Cardiovascular and Cerebral involvement**INTERVAL BETWEEN
ONSET AND DEATH
1 weekPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **1955** **2/6/62** and last saw him alive on **2/1/62**
Death occurred at **A-49 am 2/6/62** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Removal**2/9/62****St. Paul's Churchyard****St. Louis County,****Missouri**

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

WACKER-HELDERLE-3634 Gravois Ave.**2-9-62****Robert E. Bauer**

(Licensed Embalmer's Statement on Reverse Side)

FEB 20 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Phineas M. Billo

Licensed Embalmer No. 4375

P. O. Address St. Louis 13, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.